

VEHICLE REPORT

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| <input type="checkbox"/> IMPOUNDED | <input type="checkbox"/> RELEASED | <input type="checkbox"/> EMBEZZLED |
| <input type="checkbox"/> RECOVERED | <input type="checkbox"/> STOLEN | <input type="checkbox"/> PLATE(S) |
| <input type="checkbox"/> STORED | <input type="checkbox"/> OTHER (List) | |

1. REPORTING AGENCY		2. DATE/TIME REPORTED	3. CASE CONTROL NUMBER (CCN)
4. DATE & TIME OF OCCURRENCE		5. WAS NEIGHBORHOOD OR AREA CHECKED FOR WITNESSES, LEADS, CLUES? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Remarks)	
6. TOWING/STORAGE CONCERN (Name, address and telephone number)		TOWED TO/STORED AT (Name, address and telephone number)	
7. REPORTED BY	HOME ADDRESS		TELEPHONE NO.
	BUSINESS ADDRESS		TELEPHONE NO.

8. DESCRIPTION AND OWNERSHIP

YEAR	MAKE	MODEL	BODY TYPE	COLOR (Combination)	LICENSE NUMBER(S) <input type="checkbox"/> ONE <input type="checkbox"/> TWO	MONTH/YEAR	STATE
VEHICLE IDENTIFICATION NUMBER (VIN)			ENGINE NUMBER (EN)	VIN COMPARED WITH REG. CARD <input type="checkbox"/> YES <input type="checkbox"/> NO	VIN APPEAR ALTERED/REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	VIN CLEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	LIC. NUMBER(S) CLEAR <input type="checkbox"/> YES <input type="checkbox"/> NO
IF STOLEN, NAME, DATE AND CASE NUMBER OF REPORTING AGENCY					WAS VEH. RETURNED TO OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO		STORAGE AUTHORITY
REGISTERED OWNER			ADDRESS			TELEPHONE NO.(S) (Home) (Work)	
LEGAL OWNER			ADDRESS			TELEPHONE NO.(S) (Home) (Work)	
LAST DRIVER OF VEHICLE			ADDRESS		TIME AND DATE	TELEPHONE NO.(S) (Home) (Work)	

9. CONDITION AND INVENTORY (Use remarks space or attach separate descriptions as needed.)

ODOMETER READING		DRIVABLE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			HAVE YOU ENTERED MISSING, IDENTIFIABLE PARTS IN NCIC? <input type="checkbox"/> YES <input type="checkbox"/> NO				*describe fully	
CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	CONDITION
WRECKED			SEAT (FRONT)			REGISTRATION			HUB CAPS (*)	TIRES/WHEELS
BURNED			SEAT (REAR)			ALT/GENERATOR			SPECIAL WHEELS	LEFT FRONT
VANDALIZED			RADIO			BATTERY			DRIVING LIGHTS	RIGHT FRONT
ENG./TRANS STRIP			TAPE DECK			DIFFERENTIAL			CAMPER*	LEFT REAR
MISC. PARTS STRIP			TAPES (*)			TRANSMISSION			CARGO*	RIGHT REAR
BODY METAL STRIP			OTHER RADIO			AUTOMATIC ()			VESSEL AS LOAD*	SPARE(S)
VIN SWITCH			IGNITION KEY			MANUAL ()			FIREARM(S)*	

LIST PROPERTY, TOOLS, VEHICLE DAMAGE.

SIGNATURE OF OFFICIAL ORDERING VEHICLE STORED	SIGNATURE OF GARAGE PRINCIPAL/AGENT STORING VEHICLE	DATE AND TIME
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(Continued)

10. VALUATION, RELEASE, DISPOSITION

RECOVERY TELETYPE (Date & No.)	REQUIRED NOTICES SENT TO REGISTERED & LEGAL OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO (List reason)	ESTIMATED RECOVERY VALUE
TO (Storage authority/concern)		DATE
RELEASE VEHICLE TO (Name and address)	SIGNATURE OF PERSON AUTHORIZING RELEASE	
	CERTIFICATION: I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of above described vehicle	
	SIGNATURE OF PERSON TAKING POSSESSION	

11. SUSPECTS (Continue in remarks or add pages, if necessary)

1	NAME/RANK & BRANCH/SSN/DUTY STATION/UIC/DRIVER'S LICENSE NUMBER
	----- DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS
2	NAME/RANK & BRANCH/SSN/DUTY STATION/UIC/DRIVER'S LICENSE NUMBER
	----- DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS
3	NAME/RANK & BRANCH/SSN/DUTY STATION/UIC/DRIVER'S LICENSE NUMBER
	----- DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS
4	NAME/RANK & BRANCH/SSN/DUTY STATION/UIC/DRIVER'S LICENSE NUMBER
	----- DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS

12. REMARKS (Use additional blank sheets as required. Include all pertinent information.)